



City of Stamford
Office of Public Safety, Health & Welfare

Citizen's Public Safety Academy
Application Form

Full Legal Name:

First Name:	
Last Name:	
Middle Initial:	
Date of Birth (month/day/year):	
Driver's License #:	

As an attendee of the Citizen's Public Safety Academy, I, the above applicant, understand that during the Academy I will have access to certain vehicles and sensitive areas within the Public Safety agencies where criminal justice information systems are located. Because of the confidential nature of this information, I understand that the City of Stamford is required to perform a Criminal Records check of me to evaluate my suitability to have access to these areas. I hereby agree to hold harmless and release the City of Stamford, its employees and the Stamford Police Department from any liability for any damage that may result from conducting this screening process, or my being disqualified based on information generated in the screening process. By checking the box below I acknowledge that I understand this document and the purposes for which it will be used, and that this is a voluntary act on my part done of my own free will. Note: Photo identification MUST be presented on the first date of attendance to complete the application and admission process.

☐ Yes I agree to the terms. (required to participate)

Contact Information

Address:	
City:	
State:	
Zip Code:	
Email Address:	
Cell Phone:	

Tell us about yourself

Would you please tell us why you are interested in attending the Public Safety Academy?	
How are you affiliated with Stamford?	
Do you currently volunteer?	
How did you hear about the Academy?	
Comments or questions:	

Applicant's Signature

Date

Return this form to:

Office of Public Safety, Health & Welfare
888 Washington Blvd, 10th floor
Stamford, CT 06901

Or email to TJankowski@StamfordCT.gov